



Meal Waiver Authorization – 6 Hour Shift or Less

Employee Name

I am scheduled to work a shift of 6 hours or less on:

Date(s) _____

From the hours of _____ a.m./p.m. to _____ a.m./p.m.

I understand that:

1. I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
3. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature

Date

REVOCACTION: I hereby revoke this waiver.

Employee Signature

Date

For Employer Use Only:

Check One:

- Your meal break waiver request has been approved and submitted.
- Your meal break waiver request has been denied

Please Print Name

Date

Signature

Please submit to HR when complete